# AMENDED IN SENATE APRIL 20, 2005 AMENDED IN SENATE MARCH 30, 2005

## SENATE BILL

No. 267

## **Introduced by Senator Romero**

February 15, 2005

An act to amend Section 1797.198 of, and to add Section 1797.1993 to, Sections 1797.198 and 1797.199 of the Health and Safety Code, relating to emergency services.

#### LEGISLATIVE COUNSEL'S DIGEST

SB 267, as amended, Romero. Emergency services. medical services: Trauma Care Fund.

Existing law, the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act (EMS act), establishes the Emergency Medical Services Authority within the California Health and Human Services Agency to, among other things, provide statewide coordination of county EMS programs, and to administer the Trauma Care Fund.

This bill would declare that state and local government agencies have a duty to ensure the viability of police, sheriff, and fire departments, local emergency services agencies and systems, and providers of trauma care.

Existing law establishes the Trauma Care Fund within the State Treasury and continuously appropriates the fund to the authority for distribution to local EMS agencies for distribution to trauma centers pursuant to a schedule that sets forth minimum levels of funding. Existing law requires local EMS agencies that receive funding to distribute those funds to eligible trauma centers and authorizes the local EMS agencies to utilize a grant-based system, a reimbursement-based system, or other appropriate methodology to do

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so. Existing law requires local EMS agencies to determine the distribution amounts for each trauma center and requires minimum distributions for certain trauma centers to assist those centers in ensuring their viability.

This bill would, notwithstanding existing law, commencing January 1, 2006, remove the minimum funding requirement, would require regional distribution of funds to be determined by the statewide proportion of trauma care services provided in the region, and would require that the grants be awarded on a competitive basis.

This bill would repeal all minimum distribution requirements, require local EMS agencies to utilize a competitive grant-based system for allocating the funds, and require local EMS agencies to determine distribution of funds based on new criteria.

By requiring that local entities comply with these requirements, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

## The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares that state and
- 2 local government agencies have a duty to ensure the viability of
- 3 such essential public services as police, sheriff, and fire
- 4 departments, local emergency medical services agencies and
- 5 systems, and providers of trauma care, and to maintain public
- 6 access to those services.
- 7 SEC. 2. Section 1797.198 of the Health and Safety Code is 8 amended to read:
- 9 1797.198. The Legislature finds and declares all of the 10 following:
- 11 (a) Trauma care is an essential public service. It is as vital to 12 the safety of the public as the services provided by law

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enforcement and fire departments. In communities with access to trauma centers, mortality and morbidity rates from traumatic injuries are significantly reduced. For the same reasons that each community in California needs timely access to the services of skilled police, paramedics, and fire personnel, each community needs access to the services provided by certified trauma centers.

<del>(a)</del>

(b) Trauma centers save lives by providing immediate coordination of highly specialized care for the most life-threatening injuries.

<del>(b)</del>

(c) Trauma centers save lives, and also save money, because access to trauma care can mean the difference between full recovery from a traumatic injury, and serious disability necessitating expensive long-term care.

<del>(e)</del>

- (d) Trauma centers do their job most effectively as part of a system that includes a local plan with a means of immediately identifying trauma cases and transporting those patients to the nearest trauma center.
- (d) Trauma care is an essential public service vital to the health and safety of the people of California, as are law enforcement, fire departments, and other emergency medical services. Every community needs timely access to trauma care services.
- (e) Police, sheriff, and fire departments, local emergency medical services agencies and systems, and providers of trauma eare, fill an essential public service role that provides protection for the health and safety and preserves the lives and property of the people of the state.

<del>(f)</del>

(e) It is essential for persons in need of trauma care to receive that care within the 60-minute period immediately following injury. It is during this period, referred to as the "golden hour," when the potential for survival is greatest, and the need for treatment for shock or injury is most critical.

38 <del>(g)</del>

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(f) It is the intent of the Legislature in enacting this act to promote access to trauma care by ensuring the availability of services through EMS agency-designated trauma centers.

SEC. 3. Section 1797.199 of the Health and Safety Code is amended to read:

- 1797.199. (a) There is hereby created in the State Treasury, the Trauma Care Fund, which, notwithstanding Section 13340 of the Government Code, is hereby continuously appropriated without regard to fiscal years to the authority for the purposes specified in subdivision (c).
- (b) The fund shall contain any moneys deposited in the fund pursuant to appropriation by the Legislature or from any other source, as well as, notwithstanding Section 16305.7 of the Government Code, any interest and dividends earned on moneys in the fund.
- (c) Moneys in the fund shall be expended by the authority to provide for allocations to local EMS agencies, for distribution to local EMS agency-designated trauma centers provided for by this chapter.
- (d) Within 30 days of the effective date of the enactment of an appropriation for purposes of implementing this chapter, the authority shall request all local EMS agencies with an approved trauma plan, that includes at least one designated trauma center, to submit within 45 days of the request the total number of trauma patients and the number of trauma patients at each facility that were reported to the local trauma registry for the most recent fiscal year for which data are available, pursuant to Section 100257 of Title 22 of the California Code of Regulations. However, the local EMS agency's report shall not include any registry entry that is in reference to a patient who is discharged from the trauma center's emergency department without being admitted to the hospital unless the nonadmission is due to the patient's death or transfer to another facility. Any local EMS agency that fails to provide these data shall not receive funding pursuant to this section.
- (e) Except as provided in subdivisions (j) and (o) subdivision (m), the authority shall distribute all funds to local EMS agencies with an approved trauma plan that includes at least one designated trauma center in the local EMS agency's jurisdiction as of July 1 of the fiscal year in which funds are to be distributed.

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(1) The amount provided to each local EMS agency shall be in the same proportion as the total number of trauma patients reported to the local trauma registry for each local EMS agency's area of jurisdiction compared to the total number of all trauma patients statewide as reported under subdivision (d).

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- (2) The authority shall send a contract to each local EMS agency that is to receive funds within 30 days of receiving the required data and shall distribute the funds to a local EMS agency within 30 days of receiving a signed contract and invoice from the agency.
- (f) Local EMS agencies that receive funding under this chapter shall distribute all those funds to eligible trauma centers, except that an agency may expend 1 percent for administration. It is the intent of the Legislature that the funds distributed to eligible trauma centers be spent on trauma services. The funds shall not be used to supplant existing funds designated for trauma services or for training ordinarily provided by the trauma hospital. The local EMS agency-may shall utilize a competitive grant-based system, a reimbursement-based system, or other appropriate methodology to comply with this section. Local EMS agencies shall take the following factors into consideration when determining the distribution amounts for each trauma center:. All grant proposals shall demonstrate that funding is needed because the trauma center cares for a high percentage of uninsured patients. Local EMS agencies shall determine distribution of funds based on whether the grant proposal satisfies one or more of the following criteria:
- (1) The volume of uninsured trauma patients treated at the trauma center.
- (2) The existence of a high percentage of uninsured trauma patients relative to the total number of trauma patients treated at the trauma center.
- (3) The acuity mix of uninsured trauma patients treated at the trauma center.
- (1) The preservation or restoration of specialty physician and surgeon on-call coverage that is demonstrated to be essential for trauma services within a specified hospital.
- (2) The acquisition of equipment that is demonstrated to be essential for trauma services within a specified hospital.

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(3) The creation of overflow or surge capacity to allow a trauma hospital to respond to mass casualties resulting from an act of terrorism or natural disaster.

- (4) The coordination or payment of emergency, nonemergency, and critical care ambulance transportation that would allow for the time-urgent movement or transfer of critically injured patients to trauma centers outside of the originating region so that specialty services or a higher level of care may be provided as necessary without undue delay.
- (g) A trauma center shall be eligible for funding under this section if it is designated as a trauma center by a local EMS agency pursuant to Section 1798.165 and complies with the requirements of this section. Both public and private hospitals designated as trauma centers shall be eligible for funding.
- (h) A trauma center that receives funding under this section shall agree to remain a trauma center through June 30 of the fiscal year in which it receives funding. If the trauma center ceases functioning as a trauma center, it shall pay back to the local EMS agency a pro rata portion of the funding that has been received. If there are one or more trauma centers remaining in the local EMS agency's service area, the local EMS agency shall distribute the funds among the other trauma centers. If there is no other trauma center within the local EMS agency's service area, the local EMS agency shall return the moneys to the authority. The authority shall deposit any such funds into the reserve described in subdivision (j). In the case of a local EMS agency that distributes funds using a reimbursement or fee-for-service system, a trauma center that ceases functioning as a trauma center shall only be required to pay back a pro rata portion of the minimum distributed as described in subdivision (i).
- (i) Notwithstanding subdivision (f), the local EMS agency shall provide from the funds that the local EMS agency receives from the authority a minimum amount of one hundred fifty thousand dollars (\$150,000) to each Level I or Level II trauma center to assist those centers in ensuring trauma center viability. The local EMS agency shall provide a Level III trauma center a minimum amount of fifty thousand dollars (\$50,000) for this purpose. If a local EMS agency's distribution pursuant to subdivision (e) is less than the amount necessary for each trauma center within the local EMS agency's jurisdiction to receive the

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minimum amount provided by this subdivision, the authority shall include in its distribution to the agency an additional amount of funds necessary to make up the minimum amount pursuant to paragraph (1) of subdivision (j) plus 1 percent of the added amount for local EMS agency administrative costs. Based upon qualifying patient volume figures and the distribution factors established in subdivision (f), a trauma center designated as a Level IV may receive funding as determined appropriate by the local EMS agency.

- (j) Notwithstanding subdivision (e), the authority shall reserve 6 percent of any funds appropriated to the Trauma Care Fund for distribution during the same fiscal year. The authority may spend these funds for the purposes specified in paragraphs (1) to (3), inclusive.
- (1) To provide to a local EMS agency, the amount that the agency needs to make up the full minimum amount specified in subdivision (i).
- (2) To provide a minimum amount to a trauma center that was not designated on July 1 of the fiscal year as specified in subdivision (e) but which becomes designated by January 1 of any fiscal year in which funds are being distributed pursuant to this section. In the ease of such a newly designated center, the minimum distribution shall equal one-half of the minimum distribution described in subdivision (i), provided the local EMS agency makes an application to the authority for this purpose by February 1 of the same fiscal year.
- (3) To the extent that there are funds in the reserve after the distributions provided by paragraphs (1) and (2) of this subdivision, to provide additional amounts to a local EMS agency where the distribution under subdivision (f) does not provide an accurate reflection of its total trauma volume. Any local EMS agency that believes the distribution under subdivision (f) does not provide an accurate accounting of its total trauma patient volume may make application to the authority for an adjustment.
- 36 (A) The application shall state the reason for the request and shall include supporting data.
- 38 (B) The authority shall consider all applications submitted 39 pursuant to this paragraph and received by February 1 of the 40 fiscal year.

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(C) Based on the application and its supporting information, the authority shall determine the amount, if any, that the local agency should receive in addition to the amounts specified in subdivision (e) and shall allocate an appropriate amount of the reserve in accordance with its determination.

(k) In

(i) In order to receive funds pursuant to this section, an eligible trauma center shall submit, pursuant to a contract between the trauma center and the local EMS agency, relevant and pertinent data requested by the local EMS agency. A trauma center shall demonstrate that it is appropriately submitting data to the local EMS agency's trauma registry and a local EMS agency shall audit the data annually within two years of a distribution from the local EMS agency to a trauma center. Any trauma center receiving funding pursuant to this section shall report to the local EMS agency how the funds were used to support trauma services.

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(j) It is the intent of the Legislature that all moneys appropriated to the fund be distributed to local EMS agencies during the same year the moneys are appropriated. To the extent that any moneys are not distributed by the authority during the fiscal year in which the moneys are appropriated, the moneys shall remain in the fund and be eligible for distribution pursuant to this section during subsequent fiscal years, except that the minimum distribution specified in subdivision (i) shall be provided to the extent that moneys are available in the fund.

(m) By

(k) By October 31, 2002, the authority shall develop criteria for the standardized reporting of trauma patients to local trauma registries. The authority shall seek input from local EMS agencies to develop the criteria. All local EMS agencies shall utilize the trauma patient criteria for reporting trauma patients to local trauma registries by July 1, 2003.

(n) By

(1) By December 31 of the fiscal year following any fiscal year in which funds are distributed pursuant to this section, a local EMS agency that has received funds from the authority pursuant to this chapter shall provide a report to the authority that details the amount of funds distributed to each trauma center, the

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amount of any balance remaining, and the amount of any claims pending, if any, and describes how the respective centers used the funds to support trauma services. The report shall also describe the local EMS agency's mechanism for distributing the funds to trauma centers, a description of their audit process and criteria, and a summary of the most recent audit results.

### (o) The

- (m) The authority may retain from any appropriation to the fund an amount sufficient to implement this section, up to two hundred eighty thousand dollars (\$280,000). This amount may be adjusted to reflect any increases provided for wages or operating expenses as part of the authority's budget process.
- SEC. 3. Section 1797.1993 is added to the Health and Safety Code, immediately following Section 1797.199, to read:
- 1797.1993. (a) Notwithstanding Section 1797.199, regional distribution of trauma care funding pursuant to that section shall be determined by the statewide proportion of trauma care services provided by the region.
- (b) Notwithstanding Section 1797.199, including, but not limited to subdivision (i), commencing January 1, 2006, a local EMS agency is not required to provide a minimum level of funding to a trauma center. Rather, on and after that date, a local EMS agency shall distribute funds to trauma centers utilizing a competitive grant-based system, based upon a determination that the grant proposal will satisfy one or more of the following criteria:
- (1) The preservation or restoration of specialty physician and surgeon on-eall coverage for trauma services within a specified hospital.
- (2) The acquisition of equipment that is demonstrated to be essential for trauma services within a specific hospital.
- (3) The establishment or preservation of overflow or surge capacity, to allow a trauma hospital to respond to mass casualties resulting from an act of terrorism or a natural disaster.
- (4) The acquisition of 911 transportation and critical care transportation that would allow for the time-urgent movement or transfer of critically injured patients to trauma centers outside of the originating region so that specialty services or a higher level of care may be provided as necessary without undue delay.

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- 1 SEC. 4. If the Commission on State Mandates determines that
- this act contains costs mandated by the state, reimbursement to
- local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division
- 5 4 of Title 2 of the Government Code.